



# CITY OF HOUSTON

Department of Public Works and Engineering

This application is being filled by:

- ☐ Owner of facility for the purpose of excavation permit
- ☐ Contractor for the purpose of obtaining Excavation permit

Please fax this form with a copy of the liability insurance to 832-395-4424, or 832-395-4425  
If you have any question please call: Juanita Costilla 832-395-4409 or Yen Lam 832-395-4410

Company Name:		Business Type:	
Telephone Number:		Facsimile Number:	
Emergency Contact Number:			
E-Mail Address:			
Insurance Company Name:		Telephone Number:	
Insurance Company Address:			
Insurance Policy Number:		Insurance Expiration Date:	
Policy Limits: not less than \$150,000/\$150,000/\$500,000		Yes	No
Does policy include a provision obligating the insurer to furnish to the City Engineer at least 15 days prior written notice of any cancellation?		Yes	No
Mailing Address: _____ Address _____ City State Zip Code			
Physical Address (if different from above): _____ Address City State Zip Code			
Company's Authorized agent: Last: _____ First: _____ Middle: _____ (Login name shall consist of First Name's initial and the Last Name, one word, up to 8 characters, all lower case.)			
Authorized Agent's Password (up to 8 characters, case sensitive): _____			